

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43546

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>8725</u>	
1. PLACE OF DEATH a. COUNTY <u>Monroe</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u> c. LENGTH OF STAY (In this place) <u>6 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u> <u>MO 0461</u> d. STREET ADDRESS (If rural, give location) <u>W. Cleveland Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Rebecca</u> c. (Last) <u>Fitzgerald</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-50</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>6-15-1868</u>	
9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>16</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Nearly Williams</u>				13b. MOTHER'S MAIDEN NAME <u>Lena</u>		14. NAME OF HUSBAND OR WIFE <u>Mike Fitzgerald</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>				16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M. Fitzgerald</u> ADDRESS <u>West Plains Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Left hemiparesis. Cerebral thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of neck of left femur</u>			
19a. DATE OF OPERATION <u>11-9-50</u>				19b. MAJOR FINDINGS OF OPERATION <u>Fracture of neck of left femur - Fracture nailed</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County Court House</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains</u> <u>Monroe</u> <u>Mo</u>		21d. HOW DID INJURY OCCUR? <u>Slipped on tile floor &amp; fell</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 7 1950 8:15 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>1941</u> to <u>9.10</u> <u>Dec 31</u> , 1950, that I last saw the deceased alive on <u>Dec 30</u> , 1950, and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Bohrer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>1-6-51</u>	
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>105 1/2 3-51</u>		24b. DATE <u>3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains</u> <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-15-51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		377		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>West Plains Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 22 1953  
Dist. File 157-195  
Date Filed 1-22-53

MAY 15 1953  
MAY 14 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed D. H. Robertson  
Licensed Embalmer No. 3432  
P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)  
If this body is not embalmed, fact should be so stated above.